Helen Ward and Rob Miller, *Editors*

METHAMPHETAMINE, SILDENAFIL AND SEXUAL RISK BEHAVIOUR IN MEN WHO HAVE SEX WITH MEN

Methamphetamine and sildenafil (Viagra) use may be associated with sexual risk behaviour among men who have sex with men (MSM). Manserg *et al* investigated the association of methamphetamine, sildenafil, and other substance use with sexual practices. Data were from a cross-sectional, community-based survey of 388 MSM in San Francisco. Methamphetamine was used by 15% and sildenafil by 6% before or during their most recent anal sex encounter; 2% used both drugs. More than half (53%) reported unprotected insertive (29%) and receptive (37%) anal sex during their most recent anal sex encounter; 12% reported unprotected insertive and 17% reported unprotected receptive anal sex with an HIV-discordant or -unknown partner. In multivariate analysis, methamphetamine use was associated with unprotected receptive (Odds Ratio (OR) = 2.03) and sildenafil use was associated with unprotected insertive (OR = 6.51) anal sex. Effects were stronger with HIV-discordant or -unknown sex partners specifically. This study demonstrates the importance of focusing risk-reduction efforts among MSM in order to address specific drug and sexual behavioural roles.

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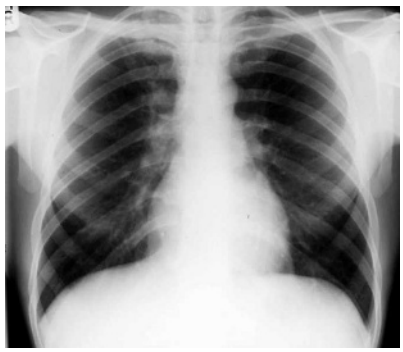

Chest radiograph, taken in October 2003, showing parenchymal consolidation in the right apex extending inferiorly in to the upper pole of the right hilum with early small volume right hilar lymphadenopathy.

''TB OR NOT TB''—THAT IS THE QUESTION

The response to anti-tuberculosis therapy among HIV co-infected patients is good, but is frequently hampered by a higher rate of adverse drug reactions (ADR), than in those without HIV. Additionally, concomitant treatment of HIV infection with antiretroviral therapy (ARV) may result in an immune reconstitution inflammatory syndrome (IRIS). The Clinicopathological Conference in this issue describes a 36-year-old man who presented with weight loss, fever and exertional dyspnoea, shortly after a diagnosis of HIV infection was made. Symptoms and initial radiographic abnormalities worsened after ARV was started. A diagnosis was eventually made but multiple problems including ADR were encountered during treatment and differentiation between IRIS and underlying tuberculosis was problematic.

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MORE EVIDENCE FOR MALE CIRCUMCISION

The idea that male circumcision reduces the risk of some sexually transmitted infections is nothing new. It has become increasingly topical as it appears to play a role in protecting against HIV. Weiss and colleagues ***(p101)*** report a systematic review and meta-analysis of male circumcision and syphilis, chancroid and genital herpes. There was a strong effect with regard to syphilis, with a 33% reduction in risk; results for chancroid and genital herpes were less conclusive but were suggestive of a protective effect. Buvé ***(p110)*** discusses the context of these findings and looks to ongoing research to provide more answers.

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CHLAMYDIA SCREENING: WHO AND WHERE?

Chlamydia screening programmes identify a large amount of previously unrecognised infection, but tend to be partial, indeed selective, in the people they reach. Two articles in this issue look at novel ways to increase screening uptake. Götz et al ***(p 148)*** report on a pilot project in the Netherlands where testing kits were distributed through street outreach and school-based health programmes, specifically targeting minority ethnic groups. Novak and Karlsson ***(p 142)*** used an internet site to distribute kits to a wider population. Both approaches appear to have some utility, but we still need more systematic evaluation of their contribution to a national screening programme, argues Low, in an accompanying editorial.

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